

**C.C.Y.C.** CHURCH OF CHRIST  
YOUTH CAMP and FamCamp

Camper's Last Name \_\_\_\_\_ Camper's First Name \_\_\_\_\_ Boy \_\_\_\_ Girl \_\_\_\_

Camper's Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Emergency No. (\_\_\_\_) \_\_\_\_\_

**Insurance information – NOTE: THE INSURANCE THAT CCYC and CCFamCamp HAS WILL ONLY PAY THE DIFFERENCE OVER AND ABOVE WHAT YOUR PRESENT MEDICAL INSURANCE WILL COVER.**

**Health Record---** Date of last Tetanus shot \_\_\_\_\_

Health Insurance Information---Insurance Company Name \_\_\_\_\_

Group # \_\_\_\_\_ I.D. # \_\_\_\_\_

**If you DO NOT have medical insurance:** \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Parent/Guardian

**Allergies---**Food, medication, insect or other allergies and describe the reaction and management of the reaction.

Allergy: \_\_\_\_\_ Reaction/management \_\_\_\_\_

Allergy: \_\_\_\_\_ Reaction/management \_\_\_\_\_

Allergy: \_\_\_\_\_ Reaction/management \_\_\_\_\_

**Medications** \_\_\_\_ This camper takes no medications regularly.

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Taking for? \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Taking for? \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Taking for? \_\_\_\_\_

In signing this form below, I do hereby give authority for the above listed camper's care to the Church of Christ Youth Camp (CCYC) Staff. I give my permission for my child to go on camp activities that require leaving the camp grounds and to ride in the vehicles and buses provided. I authorize the CCYC medical staff to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the United States. I hereby release CCYC from any responsibility other than normal supervision and care. In case of accident I will not hold CCYC or its staff members or management liable unless guilty of negligence. I hereby give permission for any photos or video to be taken during camp to be used for promotional procedures.

**Over the Road Release-** I give permission for above listed camper to attend any and all trips and activities made by C.C.Y.C. and C.C.FamCamp.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**To ensure the legality of this paper it must be notarized by notary public.**

State of \_\_\_\_\_ County of \_\_\_\_\_

**Notary**

Date \_\_\_\_\_ My Commission Expires \_\_\_\_\_

**\*\*\*This portion to be filled out by the camper's Evangelist, Elders or Youth Leader.\*\*\***

Bible Knowledge: Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_ Athletics: Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_